

Internal Office	
Date of Initial Mtg	_____
Conflict Check	_____
Photo ID	_____
Consultation Fee	_____
Retainer Quoted	_____

PROBATE QUESTIONNAIRE

Not all may apply, complete information that you know

NAME _____
FIRST MIDDLE MAIDEN LAST

KNOWN BY ANY OTHER NAMES: _____

U.S. CITIZEN (YES/NO)?: _____

ADDRESS _____
Street City State Zip Code

DOMICILE: _____
LOCATION OF VOTER REGISTRATION: _____
STATE OF AUTO REGISTRATION: _____
STATE WHERE INCOME TAX PAID: _____

CELL PHONE _____ **HOME PHONE** _____

BUSINESS PHONE _____ **EMAIL** _____

SOCIAL SECURITY # _____

DATE OF BIRTH _____

PLACE OF BIRTH _____
CITY STATE

OCCUPATION: _____ **Annual Income:** _____

STATUS OF HEALTH: _____
INSURABLE?: _____

IF MARRIED:

DATE OF CURRENT MARRIAGE: _____

COUNTY & STATE OF MARRIAGE _____

PREVIOUS MARRIAGES (note relevant details): _____

CHILD OF (CIRCLE): JOINT/CLIENT ONLY/SPOUSE ONLY

NAME OF OTHER PARENT (IF NOT JOINT): _____

ADDRESS: _____

EDUCATION LEVEL: _____

IF NOT COMPLETED, EDUCATION GOAL: _____

BUSINESS ABILITY: _____

OCCUPATION: _____ **ANNUAL INCOME:** _____

CHILD'S SPOUSE

NAME: _____

OCCUPATION: _____

ANNUAL INCOME: _____

CHILD'S CHILDREN:

NAME: _____ **AGE:** _____

NAME: _____ **AGE:** _____

NAME: _____ **AGE:** _____

COMMENTS: _____

2. **CHILD'S NAME:** _____

DATE OF BIRTH: _____

CHILD OF (CIRCLE): JOINT/CLIENT ONLY/SPOUSE ONLY

NAME OF OTHER PARENT (IF NOT JOINT): _____

ADDRESS: _____

EDUCATION LEVEL: _____

IF NOT COMPLETED, EDUCATION GOAL: _____

BUSINESS ABILITY: _____

OCCUPATION: _____ **ANNUAL INCOME:** _____

CHILD'S SPOUSE

NAME: _____

OCCUPATION: _____

ANNUAL INCOME: _____

CHILD'S CHILDREN:

NAME: _____ **AGE:** _____

NAME: _____ **AGE:** _____

NAME: _____ **AGE:** _____

COMMENTS: _____

3. **CHILD'S NAME:** _____

DATE OF BIRTH: _____

CHILD OF (CIRCLE): JOINT/CLIENT ONLY/SPOUSE ONLY

NAME OF OTHER PARENT (IF NOT JOINT): _____

ADDRESS: _____

EDUCATION LEVEL: _____

IF NOT COMPLETED, EDUCATION GOAL: _____

BUSINESS ABILITY: _____
OCCUPATION: _____ **ANNUAL INCOME:** _____
CHILD'S SPOUSE
NAME: _____
OCCUPATION: _____
ANNUAL INCOME: _____
CHILD'S CHILDREN:
NAME: _____ **AGE:** _____
NAME: _____ **AGE:** _____
NAME: _____ **AGE:** _____
COMMENTS: _____

4. **CHILD'S NAME:** _____
DATE OF BIRTH: _____
CHILD OF (CIRCLE): JOINT/CLIENT ONLY/SPOUSE ONLY
NAME OF OTHER PARENT (IF NOT JOINT): _____
ADDRESS: _____
EDUCATION LEVEL: _____
IF NOT COMPLETED, EDUCATION GOAL: _____
BUSINESS ABILITY: _____
OCCUPATION: _____ **ANNUAL INCOME:** _____
CHILD'S SPOUSE
NAME: _____
OCCUPATION: _____
ANNUAL INCOME: _____
CHILD'S CHILDREN:
NAME: _____ **AGE:** _____
NAME: _____ **AGE:** _____
NAME: _____ **AGE:** _____
COMMENTS: _____

5. **CHILD'S NAME:** _____
DATE OF BIRTH: _____
CHILD OF (CIRCLE): JOINT/CLIENT ONLY/SPOUSE ONLY
NAME OF OTHER PARENT (IF NOT JOINT): _____
ADDRESS: _____
EDUCATION LEVEL: _____
IF NOT COMPLETED, EDUCATION GOAL: _____
BUSINESS ABILITY: _____
OCCUPATION: _____ **ANNUAL INCOME:** _____
CHILD'S SPOUSE
NAME: _____

OCCUPATION: _____
 ANNUAL INCOME: _____
 CHILD'S CHILDREN:
 NAME: _____ AGE: _____
 NAME: _____ AGE: _____
 NAME: _____ AGE: _____
 COMMENTS: _____

PARENT INFORMATION- CLIENT

FATHER
 NAME: _____
 ADDRESS: _____
 AGE/DOB: _____
 STATE OF HEALTH: _____
 FINANCIALLY DEPENDENT? _____

MOTHER
 NAME: _____
 ADDRESS: _____
 AGE/DOB: _____
 STATE OF HEALTH: _____
 FINANCIALLY DEPENDENT? _____

PARENT INFORMATION- SPOUSE

FATHER
 NAME: _____
 ADDRESS: _____
 AGE/DOB: _____
 STATE OF HEALTH: _____
 FINANCIALLY DEPENDENT? _____

MOTHER
 NAME: _____
 ADDRESS: _____
 AGE/DOB: _____
 STATE OF HEALTH: _____
 FINANCIALLY DEPENDENT? _____

SIBLING INFORMATION-CLIENT

NAME: _____ LIVING?: _____
 AGE: _____ MARRIED?: _____ CHILDREN: _____
 COMMENTS: _____

NAME: _____ LIVING?: _____
 AGE: _____ MARRIED?: _____ CHILDREN: _____
 COMMENTS: _____

NAME: _____ LIVING?: _____
 AGE: _____ MARRIED?: _____ CHILDREN: _____
 COMMENTS: _____

NAME: _____ LIVING?: _____
 AGE: _____ MARRIED?: _____ CHILDREN: _____
 COMMENTS: _____

NAME: _____ LIVING?: _____
AGE: _____ MARRIED?: _____ CHILDREN: _____
COMMENTS: _____

SIBLING INFORMATION-SPOUSE

NAME: _____ LIVING?: _____
AGE: _____ MARRIED?: _____ CHILDREN: _____
COMMENTS: _____

NAME: _____ LIVING?: _____
AGE: _____ MARRIED?: _____ CHILDREN: _____
COMMENTS: _____

NAME: _____ LIVING?: _____
AGE: _____ MARRIED?: _____ CHILDREN: _____
COMMENTS: _____

NAME: _____ LIVING?: _____
AGE: _____ MARRIED?: _____ CHILDREN: _____
COMMENTS: _____

NAME: _____ LIVING?: _____
AGE: _____ MARRIED?: _____ CHILDREN: _____
COMMENTS: _____

Other relatives or friends of client and spouse who would be immediate beneficiaries or ultimate beneficiaries if client, client's spouse, all issue, and parents are deceased.

NAME: _____
ADDRESS: _____
AGE: _____ RELATION: _____

NAME: _____
ADDRESS: _____
AGE: _____ RELATION: _____

NAME: _____
ADDRESS: _____
AGE: _____ RELATION: _____

Charities who would be immediate beneficiaries or ultimate beneficiaries if all individual beneficiaries are deceased.

CORPORATE NAME: _____

ADDRESS: _____

SPECIAL PURPOSE (if any): _____

CORPORATE NAME: _____

ADDRESS: _____

SPECIAL PURPOSE (if any): _____

CORPORATE NAME: _____

ADDRESS: _____

SPECIAL PURPOSE (if any): _____

LIABILITIES

CLIENT'S LIABILITIES

AMOUNT: OWED TO WHOM: DUE DATE: SECURED BY WHAT ASSET:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SPOUSE'S LIABILITIES

AMOUNT: OWED TO WHOM: DUE DATE: SECURED BY WHAT ASSET:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ASSETS

CONTACT NAMES

NAME OF ACCOUNTANT: _____

NAME OF BROKER: _____

NAME OF CASUALTY INSURANCE AGENT: _____

NAME OF LIFE INSURANCE AGENT: _____

PREFERENCE AS TO BANK: _____

GIFTING AND JOINT ASSETS

Have there been any substantial gifts in the past or placement of property in joint names? _____

POWERS OF APPOINTMENT

Are there any existing powers of appointment?: _____

Details: _____

BENEFICIARIES OF TRUST

Are you or your spouse the beneficiary under any trust? _____

Details: _____

ANY EXPECTED INHERITANCES?

	CLIENT:	SPOUSE:
FROM WHOM:	_____	_____
APPROXIMATE VALUE:	_____	_____

ARMED FORCES SERVICE

	CLIENT:	SPOUSE:
SERIAL NO.:	_____	_____
BRANCH OF SERVICE:	_____	_____
DATE OF SERVICE:	_____	_____

PENSION OR PROFIT SHARING PLANS

DESCRIPTION OF BENEFITS(CLIENT): _____

DESCRIPTION OF BENEFITS(SPOUSE): _____

BANK ACCOUNTS AND SAVINGS ACCOUNTS

- NAME OF BANK, SAVINGS, AND LOAN OR CREDIT UNION:** _____
TYPE OF ACCOUNT(checking/savings/etc.): _____
NAME(S) ON ACCOUNT: _____
AVERAGE BALANCE: _____

2. NAME OF BANK, SAVINGS, AND LOAN OR CREDIT UNION: _____
 TYPE OF ACCOUNT(checking/savings/etc.): _____
 NAME(S) ON ACCOUNT: _____
 AVERAGE BALANCE: _____

3. NAME OF BANK, SAVINGS, AND LOAN OR CREDIT UNION: _____
 TYPE OF ACCOUNT(checking/savings/etc.): _____
 NAME(S) ON ACCOUNT: _____
 AVERAGE BALANCE: _____

4. NAME OF BANK, SAVINGS, AND LOAN OR CREDIT UNION: _____
 TYPE OF ACCOUNT(checking/savings/etc.): _____
 NAME(S) ON ACCOUNT: _____
 AVERAGE BALANCE: _____

5. NAME OF BANK, SAVINGS, AND LOAN OR CREDIT UNION: _____
 TYPE OF ACCOUNT(checking/savings/etc.): _____
 NAME(S) ON ACCOUNT: _____
 AVERAGE BALANCE: _____

STOCKS AND BONDS(CLIENT OR SPOUSE)

1. NAME OF COMPANY: _____
 NUMBER OF SHARES OR AMOUNT: _____
 DESCRIPTION OF SECURITY: _____
 NAME OF OWNER: _____
 FAIR MARKET VALUE: _____
 BASIS: _____

2. NAME OF COMPANY: _____
 NUMBER OF SHARES OR AMOUNT: _____
 DESCRIPTION OF SECURITY: _____
 NAME OF OWNER: _____
 FAIR MARKET VALUE: _____
 BASIS: _____

3. NAME OF COMPANY: _____
 NUMBER OF SHARES OR AMOUNT: _____
 DESCRIPTION OF SECURITY: _____
 NAME OF OWNER: _____
 FAIR MARKET VALUE: _____
 BASIS: _____

4. NAME OF COMPANY: _____
NUMBER OF SHARES OR AMOUNT: _____
DESCRIPTION OF SECURITY: _____
NAME OF OWNER: _____
FAIR MARKET VALUE: _____
BASIS: _____

5. NAME OF COMPANY: _____
NUMBER OF SHARES OR AMOUNT: _____
DESCRIPTION OF SECURITY: _____
NAME OF OWNER: _____
FAIR MARKET VALUE: _____
BASIS: _____

SAFETY DEPOSIT BOX

LOCATION: _____
IN WHOSE NAME(S): _____
ANY PROPERTY OF OTHERS IN THE BOX?: _____
Identifiable as such? _____
WHERE ARE OTHER VALUABLE PAPERS KEPT?: _____

REAL ESTATE (CLIENT OR SPOUSE)

1. Primary Residence Address: _____
Brief Description: _____
Legal Title in Whose Name?: _____
Fair Market Value: _____
Assessed Value(include date of assessment): _____
Mortgage Amount: _____ Mortgagee: _____
If Property was a Gift or is in Joint Names (enter details): _____
Basis Information (cost, date of acquisition, cost and date of improvements): _____

2. Address: _____
Brief Description: _____
Legal Title in Whose Name?: _____
Fair Market Value: _____
Assessed Value(include date of assessment): _____
Mortgage Amount: _____ Mortgagee: _____
If Property was a Gift or is in Joint Names (enter details): _____

Basis Information (cost, date of acquisition, cost and date of improvements):

3. **Address:** _____
Brief Description: _____
Legal Title in Whose Name?: _____
Fair Market Value: _____
Assessed Value(include date of assessment): _____
Mortgage Amount: _____ **Mortgagee:** _____
If Property was a Gift or is in Joint Names (enter details): _____

Basis Information (cost, date of acquisition, cost and date of improvements):

4. **Address:** _____
Brief Description: _____
Legal Title in Whose Name?: _____
Fair Market Value: _____
Assessed Value(include date of assessment): _____
Mortgage Amount: _____ **Mortgagee:** _____
If Property was a Gift or is in Joint Names (enter details): _____

Basis Information (cost, date of acquisition, cost and date of improvements):

5. **Address:** _____
Brief Description: _____
Legal Title in Whose Name?: _____
Fair Market Value: _____
Assessed Value(include date of assessment): _____
Mortgage Amount: _____ **Mortgagee:** _____
If Property was a Gift or is in Joint Names (enter details): _____

Basis Information (cost, date of acquisition, cost and date of improvements):

LIFE AND ACCIDENTAL DEATH INSURANCE-CLIENT

Type	Face Amount	Policy Number	Name of Company	Beneficiaries on Policy	Amount of Loan	Cash Value

Comments on Life Insurance: _____

Is the insured the owner of the policies? If not, include details:

LIFE AND ACCIDENTAL DEATH INSURANCE-SPOUSE

Type	Face Amount	Policy Number	Name of Company	Beneficiaries on Policy	Amount of Loan	Cash Value

Comments on Life Insurance: _____

Is the insured the owner of the policies? If not, include details:

BUSINESS INTERESTS (CLIENT OR SPOUSE)

(If you have an interest in a partnership, joint venture, closely held corporation (S Corporation), proprietorship, or other similar entity, list and/or bring complete information about it's assets and liabilities, buy-sell agreements, and all other related information, including basis):

COMMUNITY PROPERTY (CLIENT OR SPOUSE)

Have you or your spouse ever lived in a state which has a community property law, i.e., California, Texas, New Mexico, Arizona, Washington, Louisiana, Nevada, Wisconsin, or Idaho? (Include details and status of assets brought into this state).

OTHER ASSETS (CLIENT OR SPOUSE)

Automobiles(Include model, make, fair market value, lienholder, and title holder):

Boats, Trailers, etc:

Mortgages Owned, Land Contracts, or Other Receivables:

Coin Collections, Guns, Family Heirlooms:

Other Assets:
